

Instructions ▼ Enter the appellate court case number. Just below "In the Appellate Court of Illinois," enter the number of the appellate district where the appeal was filed. Enter the names of the parties as they appear on the trial court order being appealed. The person who filed the appeal is the "appellant" and the person responding to the appeal is the "appellee." Check the correct box for each person. To the far right, enter the trial court county, trial court case number, and trial judge's name.	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Appellate Case No.: _____</div> <div style="text-align: center; padding: 10px;"> IN THE APPELLATE COURT OF ILLINOIS _____ District </div>	<div style="text-align: right;"> Appeal from the Circuit Court of _____ County </div> <div style="text-align: right; margin-top: 20px;"> Trial Court Case No.: _____ </div> <div style="text-align: right; margin-top: 20px;"> Honorable _____ Judge, Presiding </div>
	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> Plaintiff/Petitioner <i>(First, middle, last names)</i> </div> <div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee </div> <div style="margin-bottom: 10px;">v.</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> Defendant/Respondent <i>(First, middle, last names)</i> </div> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee </div>	

ORDER FOR WAIVER OF COURT FEES

Enter your full name as "Applicant."	Applicant Name: _____ <div style="display: flex; justify-content: space-around; font-style: italic;"> First Middle Last </div>
DO NOT check any more boxes or fill in any more blanks on this form. The appellate court will decide if your <i>Application for Waiver of Court Fees</i> is granted or denied and complete the rest of this form.	The Court having reviewed the <i>Application for Waiver of Court Fees</i> hereby finds: <input type="checkbox"/> The applicant qualifies for a fee waiver. <input type="checkbox"/> The applicant does not qualify for a fee waiver because <i>(must state specific reason)</i> : _____
DO NOT complete this section. The justice will sign and date here.	IT IS HEREBY ORDERED: <input type="checkbox"/> <i>Application for Waiver of Court Fees</i> is GRANTED . The applicant may participate in this appeal without payment of fees, costs, or charges. <input checked="" type="checkbox"/> <i>Application for Waiver of Court Fees</i> is DENIED and: <div style="margin-left: 20px;"> <input type="checkbox"/> Applicant must pay all applicable fees, costs, or charges by: _____ OR <i>Date</i> </div> <input type="checkbox"/> Applicant must pay all applicable fees, costs or charges as follows <i>(describe payment plan)</i> : _____ _____